

APR 09 2007

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| <b>FACSIMILE<br/>TRANSMITTAL<br/>FORM</b>   | Application Number                       | 10/808124          |
|   | Confirmation Number                      | 4531               |
|   | Filing Date                              | March 24, 2004     |
|   | First Named Inventor                     | Bedingham, William |
|   | Examiner Name                            | Lyle Alexander     |
| Fax: 571-273-8300                           | Attorney Docket Number                   | 56545US007         |
| Total Number of Pages in This Submission: 2 |  |                    |
| Date: April 9, 2007                         | Attorney for Applicant: Nancy M. Lambert |                    |

| <b>ENCLOSURES (check all that apply)</b>  |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Issue Fee Transmittal<br><input type="checkbox"/> Amendment Transmittal   | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                               |
| <input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/Declaration(s)  | <input type="checkbox"/> Petition to Convert a Provisional Application       | <input type="checkbox"/> Appeal Communication to Technology Center (Appeal Notice, Brief, Reply Brief)            |
| <input type="checkbox"/> Extension of Time Request  | <input type="checkbox"/> Power of Attorney, Revocation                       | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Change of Correspondence Address                    | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Information Disclosure Statement   | <input type="checkbox"/> Terminal Disclaimer                                 | <input checked="" type="checkbox"/> Other Enclosures:<br><b>Authorization to Act in a Representative Capacity</b> |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR § 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts under 35 USC 371 in US Designated/ Elected Office (DO/EO/US) | <input type="checkbox"/> Request for Refund                                  |   |
|   | <input type="checkbox"/> Request for Continued Examination (RCE) Transmittal |   |
| <input type="checkbox"/> Drawings   | <input type="checkbox"/> After Allowance Communication to Technology Center  |   |
| <b>REMARKS:</b>   |  |   |

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## AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

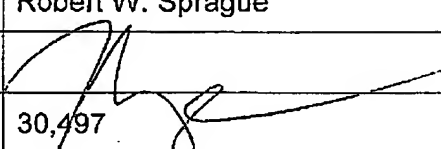
|                       |   |
|-----------------------|---|
| First Named Inventor: | Bedingham, William  |
| Application No.:      | 10/808124   |
| Filing Date:          | March 24, 2004  |
| Title:                | Multi-format Sample Processing Devices, Methods and Systems |
| Confirmation No.:     | 4531  |
| Attorney Docket No.:  | 56545US007  |

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR § 1.34:

| Name            | Registration Number |
|-----------------|---------------------|
| Kevin W. Raasch | 35,651              |

**This is not a Power of Attorney to the above-named practitioner.** Accordingly, the practitioner named above does **not** have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

## SIGNATURE of Practitioner of Record

|                      |   |            |              |
|----------------------|---|------------|--------------|
| Name:                | Robert W. Sprague   |            |              |
| Signature:           |  | Date:      | 4-9-07       |
| Registration Number: | 30,497  | Telephone: | 651-733-4247 |

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.